

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, cocivil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - /305 7	2. Fiscal Year Covered From: 1
	1 / 1 / 2004 Iniough: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Sarantis S Vagelatos	Name I.U.P.A.T. District Council No. 9 AFL-CIO
	Labor Organization File Number 006-779
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number if any
Street 38 Cakland Place	Street 45 West 14th Spreet
City Nanuet	City New York
State New York ZIP Code	10954 State New York ZIP Code + 4 10011-7419
5. Position in labor organization. Secretary Tree	rer

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Roth Painting Co., Inc.	Lunch meeting with employer regarding fringe benefit funds. Met with employer twice in the course of the year, I paid once and he paid once.		
Trade Name, if any:	course of the year, I para once and he para once.		
P.O. Box, Bldg., Room No., it any			
	7.b. Amount.		
Street 441 Lexington Avenue			
City New York	\$50		
State New York ZIP Code +4 10017			

Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury are submitted in this report (including the information contained in any accompanying document undersigned's knowledge and belief true, correct, and complete. (See the section on positions)	ients), has been exal	mined by the signatory and is, to the best of the
Signed Signed		(212) 255-2950
	Date	Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and acdress of Business (including trade name, if any). 9. Business deals with Name Master Painters Association of New York City X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg , Room No., if any Room 506 c. Employer Street 50 East 42nd Street New York State New York ZIP Code + 4 10017 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Amounts paid to the Employers Association of the Name Painting Industry in New York for the calendar year 2004: Trade Name, if any: - \$2,500 - \$ 600 Convention Advertising Contributions - \$ 200 P.O. Box, Bldg., Room No., if any Street \$3,300 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. Annual installation dinner for Association officers. State ZIP Code + 4

C. Received from any employer (of or from any labor relations consultant to	her than an employer covered o an employer any payment of m	under parts A and B above) oney or other thing of value.	
13.a. Name and address of Employer or (including trade name, if any).	abor Relations Consultant	14.a. Nature of payment. None.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Bus ness an Employer	or Consultant ?	14.b. Amount of payment.	\$0

12.b. Amount.

\$116

Name of Person Filing	Sarantis Vagelatos	F	File Number U-	

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) verified an interest in, engaged in transactions (including loans) verified an interest in, engaged in transactions (including loans) verified an interest in, engaged in transactions (including loans) verified an interest in, engaged in transactions (including loans) verified an interest in, engaged in transactions (including loans) verified an interest in, engaged in transactions (including loans) verified an interest in, engaged in transactions (including loans) verified an interest in, engaged in transactions (including loans) verified an interest in, engaged in transactions (including loans) verified an interest in transactions (including loans) verified an interest in transaction (including loans) verified and including loans (including loans) verified and verified loans (including loans) verified loans (including loans) verified	with, or derived income or other economic benefit of monetary value from an employer whose prepresent.
Name and acdress of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name Newport Painting & Decorating	Lunch meeting with employer regarding fringe benefit funds. Over the course of the year the employer and I had four lunch meetings. He paid
Trade Name, if any:	twice and I paid twice.
P.O. Box, Bklg., Room No., if any	7.b. Amount.
Street 532 West 30th Street	
City New York	\$90
State New York ZIP Code + 4 10	0001
A Held an interest in engaged in transactions (including loans)	with, or derived income or other economic benefit of monetary value from an employer whose
employees your organization represents or is actively seeking to	represent.
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Blag., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
A. Held an interest in, engaged in transactions (including loans) employees your organization represents or is actively seeking to	with, or derived income or other economic benefit of monetary value from an employer whose prepresent.
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Form LM-30 (2003)	Add New Part A Page 3 of 2

Name of Person Filing	Sarantis	Vagelatos

Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:
Name Joint Apprentice and Training Fund Trade Name if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	X b. Trust
Street 45 West 14th Street	c. Employer
City New York	
State New York ZIP Code + 4 10011-7419	
10. If 9.b. or 9.c. is checked give trust or employeds name.	11.a. Nature of such dealing.
Name Joirt Apprentice and Training Fund	Related organization.
Trade Name, if any:	
P.O. Box, Bicg., Room No., if any	
Street 45 West 14th Street	
City New York	
State New York ZIP Code + 4 10011-7419	11.b. Approximate dollar value of such dealing. \$0
	12.a. Nature of interest held or income received.
	Attendance at Apprentice graduation BBQ.
	12.b. Amount. \$20

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Name of Person Filing	l Sarantis	- Vagelatos

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
8. Name and address of Business (including trade name, if any). Name Joirt Apprentice and Training Fund Trade Name if any: P.O. Box, Bldg., Room No., if any Street 45 West 14th Street City New York State New York ZIP Code + 4 10011-7419 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Joirt Apprentice and Training Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: a. Labor Organization X b. Trust c. Employer 11.a. Nature of such dealing. Related Organization.
Street 45 West 14th Street	
City New York	
State New York ZIP Code + 4 10011-7419	11.b. Approximate dollar value of such dealing. \$0
	12.a. Nature of interest held or income received. Lunch meeting with director of Joint Apprentice and Training Fund.
	12.b. Amount. \$20

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Name of Person Filing	Sarantis	Vagelatos

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Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:
Name Commerce Bank	★ a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 475 Park Avenue South	c. Employer
City New York	
State New York ZIP Code + 4 10016	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	None.
Trade Name if any:	
P.O. Box, Blcg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0
	12.a. Nature of interest held or income received.
	Luncheon held at New York Friar's Club with bank vice-president.
	12.b. Amount. \$60

File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any). Name Assoc. of Wall, Ceiling & Carpentry - NY Trade Name, if any: P.O. Box, Bklg, Room No. if any Suite 301 Street 125 Jericho Turnpike City Jerizho State New York ZIP Code + 4 11753 10. If 9 b. or 9 c. is checked give trust or employer's name. Name Trade Name if any: P.O. Box, Bklg, Room No., if any Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. 20. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest 1skl or income received. Dinner with members of Association at the Master Painters convention.			
Trade Name, if any: P.O. Box, Bidg., Room No., if any Suite 301 Street 125 Jericho Turmpike City Jericho State New York ZIP Code + 4 11753 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name if any: P.O. Box, Bicg., Room No., if any Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest 13d or income received. Dinner with members of Association at the Master Painter's convention.	8. Name and address of Business (include	ding trade name, if any).	9. Business deals with:
Trade Name, if any: P.O. Box, Bidg., Room No., if any Suite 301 Street 125 Jericho Turnpike City Jericho State New York ZIP Code + 4 11753 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name if any: P.O. Box, Bicg., Room No., if any Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest 13d or income received. Dinner with members of Association at the Master Painters convention.	Name Assoc. of Wall, Ceilin	g & Carpentry - NY	✓ a Labor Organization
Street 125 Jericho Turnpike City Jericho State New York ZIP Code + 4 11753 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name if any: P.O. Box, Blcg., Room No., if any Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$0. 12.a. Nature of interest 12d or income received. Dinner with members of Association at the Master Painters convent.on.	Trade Name, if any:		
City Jericho State New York ZIP Code + 4 11753 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name if any: P.O. Box, Blcg., Room No., if any Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest hald or income received. Dinner with members of Association at the Master Painters convention.	P.O. Box, Bldg., Room No., if any Suit	e 301	b. Trust
State New York ZIP Code + 4 11753 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name if any: P.O. Box, Blcg., Room No., if any Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$0. 12.a. Nature of interest hald or income received. Dinner with members of Association at the Master Painters convention.	Street 125 Jericho Turnpike		c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name if any: P.O. Box, Blcg., Room No., if any Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest hald or income received. Dinner with members of Association at the Master Painters convention.	City Jericho		
Name Trade Name if any: P.O. Box, Blcg., Room No., if any Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest hald or income received. Dinner with members of Association at the Master Painters convention.	State New York	ZIP Code + 4 11753	
Trade Name if any: P.O. Box, Blcg., Room No., if any Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest hald or income received. Dinner with members of Association at the Master Painters convention.	10. If 9.b. or 9.c. is checked give trust or em	ployer's name.	
P.O. Box, Blcg., Room No., if any Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest hald or income received. Dinner with members of Association at the Master Painters convention.	Name		Related organization.
State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest hald or income received. Dinner with members of Association at the Master Painters convention.	Trade Name if any:		
State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest hald or income received. Dinner with members of Association at the Master Painters convention.	P.O. Box, Blcg., Room No., if any		
State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest hald or income received. Dinner with members of Association at the Master Painters convention.	Street		
12.a. Nature of interest held or income received. Dinner with members of Association at the Master Painters convention.	City		
Dinner with members of Association at the Master Painters convention.	State	ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0
Painters convention.			12.a. Nature of interest hald or income received.
12.b. Amount. \$150			
			12.b. Amount. \$150



Name of Person Filing	Sarantis	Vagelatos
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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business dea's with:
Name Painting Industry Insurance Fund	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	X b. Trust
Street 45 West 14th Street	c. Employer
City New York	
State New York ZIP Code + 4 10011-7419	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Painting Industry Insurance Fund	Related organization.
Trade Name, if any:	
P.O. Box, Bk/g., Room No., if any	
Street 45 West 14th Street	
City New York	
State New York ZIP Code + 4 10011-7419	11.b. Approximate dollar value of such dealing. \$0
	12.a. Nature of interest held or income received.
	Attended annual holiday party for Fund Trustees.
	12.b. Amount. \$80

Name of Person Filing	Sarantis	Vagelatos
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

9. Business deals with: 8. Name and address of Business (including trade name, if any). Name Master Painter Assoication of New York City X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any Room 506 c. Employer Street 50 Fast 42nd Street City New York ZIP Code + 4 10017 State New York 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Amounts paid to the Employers Association of the Name Painting Industry in New York for the calendar year 2004: Trade Name, if any: - \$2,500 Convention - \$ 600 Advertising P.O. Box, Bldg., Room No., if any Contributions - \$ 200 Street City State ZIP Code + 4 \$3,300 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Lunch meeting with association representative regarding contract negotiations. \$136 12.b. Amount.



File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
8. Name and address of Business (Including trade name, if any). Name I.U.P.A.T Industry Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 501 Street 1750 New York Avenue, N.W. City Washngton State District of Columbia ZIP Code + 4 20006 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Affiliated organization - industry pension.
Street	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received. Dinner - Pension explanation meeting.
	12.b. Amount. \$108

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Name of Person Filing	Sarantis	Vagelatos

File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name I.U.P.A.T Industry Pension Fund Trade Name, if any:	x a. Labor Organization
P.O. Box, Bldg., Room No., if any Suite 501	b. Trust
Street 1750 New York Avenue, N.W	c. Employer
City Washington	
State District of Columbia ZIP Code + 4 20006	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Affiliated organization - industry pension.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0
	12.a. Nature of interest held or income received.
	Dinner - Pension explanation meeting.
	12.b. Amount. \$141.

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File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Amalgamated Bank	a. Labor Organization
Trade Name, if any:	_
P.O. Box, Bldg., Room No., if any	→ b. Trust
Street 15 Union Square	c. Employer
City New York	
State New York ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Painting Industry Insurance Fund	Amounts paid to investment custodian for the calendar year 2004.
Trade Name if any:	
P.O. Box, Blcg., Room No., if any	
Street 45 West 14th Street	
City New York	
State New York ZIP Code + 4 10011-7419	11.b. Approximate dollar value of such dealing. \$155,054
	12.a. Nature of interest hald or income received.
	Holiday Gift - blanket.
	12.b. Amount. \$38

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File Number U-

Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:
Name Labor Management Cooperation Initiative Trade Name if any: P.O. Box, Bldg., Room No., if any Street 1750 New York Avenue, N.W. City Washington State District of Columbia ZIP Code + 4 20006 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Related organization.
City State ZIP Ccde + 4	11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received. Dinner meeting with Labor Management Cooperation Initiative representatives.
	12.b. Amount. \$169

File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with
Name Labor Management Cooperation Initiative	★ a. Labor Organization
Trade Name, if any:	a. Labor Organization
P.O. Box, Bidg., Room No., if any	b. Trust
Street 1750 New York Avenue, N.W.	c. Employer
City Washington	
State District of Columbia ZIP Code + 4 20006	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Related organization.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0
	12.a. Nature of interest held or income received.
	Dinner meeting with Labor Management Cooperation Initiative representatives at the general convention.
	12.b. Amount. \$82

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Name of Person Filing	Sarantis	Vagelatos

File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name I.U.P.A.T. Joint Apprentice Training Fund	✓ a. Labor Organ:zation
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1750 New York Avenue, N.W.	c. Employer
City Washington	
State District of Columbia ZIP Code + 4 20006	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Affiliated organization - industry training fund.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0
	12.a. Nature of interest held or income received.
	Dinner - JATF meeting prep.
	12.b. Amount. \$101

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Name of Person Filing	Sarantis	Vagelatos

File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name I.U.P.A.T. Joint Apprentice Training Fund Trade Name, if any: P.O. Box, B dg., Room No., if any Street 1750 New York Avenue, N.W. City Washington State District of Columbia ZIP Code + 4 20006 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	 a. Labor Organization b. Trust c. Employer 11.a. Nature of such cealing. Affiliated organization - industry training fund.
P.O. Box, Bldg., Room No., if any Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received. Breakfast - JATF meeting.
	12.b. Amount. \$35

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Name of Person Filing	Sarantie	Vagelatos
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File Number U-

Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:
Name I.U.P.A.T. Joint Apprentice Training Fund Trade Name, if any: P.O. Box, Bkdg., Room No., if any Street 1750 New York Avenue, N.W.	a. Labor Organizationb. Trustc. Employer
City Washington State District of Columbia ZIP Code + 4 20006	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing. Affiliated organization - industry training fund.
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received. Dinner - JATF meeting.
	12.b. Amount. \$238

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File Number U-

Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:
Name I.U.P.A.T. Joint Apprentice Training Fund Trade Name, if any:	× a. Labor Organization
P.O. Box, B.dg., Room No., if any	b. Trust
Street 1750 New York Avenue, N.W.	c. Employer
City Washington	
State District of Columbia ZIP Code + 4 20006	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Affiliated organization - industry training fund.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0
	12.a. Nature of interest held or income received.
	Breakfast - JATF meeting.
	12.b. Amount. \$32

File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name I.U.P.A.T. Joint Apprentice Training Fund	★ a. Labor Organization
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1750 New York Avenue, N.W.	c. Employer
City Washington	
State District of Columbia ZIP Code + 4 20006	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Affiliated organization - industry training fund.
Trade Name, if any:	
P.O. Box, Blcg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0
	12.a. Nature of interest ineld or income received.
	Lunch - JATF meeting.
	12.b. Amount. \$32

Name of Person Fiting	Sarantis	Vagelatos

Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:
Name I.U.P.A.T. Joint Apprentice Training Fund	x a. Labor Organization
Trade Name, if any:	, `
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1750 New York Avenue, N.W.	c. Employer
City Washington	
State District of Columbia ZIP Code + 4 20006	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Affiliated organization - industry training fund.
Trade Name if any:	
P.O. Box, Blcg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0
	12.a. Nature of interest held or income received.
	Dinner - JATF meeting.
	12.b. Amount. \$28

File Number U-

Part B Continuation Page

8. Name and address of Business (including trade n	arne, if any). 9. Business deals with
Name I.U.P.A.T. Joint Apprentice Trace Name, if any: P.O. Box, Bldg., Room No., if any Street 1750 New York Avenue, N.W. City Washington	aining Fund a. Labor Organization b. Trust c. Employer
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	
State ZIP Code	11.b. Approximate dcllar value of such dealing. \$0 12.a. Nature of interest hald or income received. Breakfast - JATF meeting.
	12.b. Amount. \$29

Name of Pers	sen Filing	Sarantis	Vagelatos

Part B Continuation Page

8.	Name and address of Business (including trade name, if any).	9. Business deals with:
Name	Name I.U.P.A.T. Joint Apprentice Training Fund	★ a. Labor Organization
-	Гrade Name, if any:	×
-	P.O. Box, Bldg., Room No., if any	b. Trust
;	Street 1750 New York Avenue, N.W.	c. Employer
(City Washington	
	State District of Columbia ZIP Code + 4 20006	
10.	If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
ı	Name	Affiliated organization - industry training fund.
-	Frade Name if any:	
ſ	P.O. Box, Blcg., Room No., if any	
	Street	
(Dity	
;	State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0
		12.a. Nature of interest held or income received.
		Lunch - JATF meeting.
	;	
		12.b. Amount. \$41



Name of	Person	Filing	Sarantis	Vagelatos

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name I.U.P.A.T. Joint Apprentice Training Fund	🗙 a. Labor Organization	
Trade Name, if any:		
P.O. Box, B dg., Room No., if any	b. Trust	
Street 1750 New York Avenue, N.W.	c. Employer	
City Washington		
State District of Columbia ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name	11.a. Nature of such cealing.	
Name	Affiliated organization - industry training fund.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0	
	12.a. Nature of interest held or income received.	
	Dinner - JATF meeting.	
	12.b. Amount. \$59	

Name of Person Filing	Sarantis	Vagelatos
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Part B Continuation Page

8. Name and address of Business (including trade nat	me, if any). 9. Business deals with:
Name I.U.P.A.T. Joint Apprentice Tra Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1750 New York Avenue, N.W. City Washington State District of Columbia ZIP Code + 10. If 9.b. or 9.c. is checked give trust or employer's name Name Trade Name if any: P.O. Box, Blcg., Room No., if any Street	a. Labor Organization b. Trust c. Employer
City State ZIP Code +	11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received. Lodging - JAFT meeting.
	12.b. Amount. \$1,415

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	Name of Person Filing	Sarantis	Vagelatos
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File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with
Name I.U.P.A.T. Joint Apprentice Training Fund	🗙 a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bidg., Room No., if any	
Street 1753 New York Avenue, N.W.	c. Employer
City Washington	
State District of Columbia ZIP Code + 4 20006	
10. If 9.b. or 9.c. is checked give trust or employεr's name.	11.a. Nature of such dealing.
Name	Affiliated organization - industry training fund.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0
	12.a. Nature of interest held or income received.
	Lodging - JATF trustee meeting.
	12.b. Amount. \$183



File Number U-

Part B Continuation Page

8. Name and address of Bu	isiness (including trade name, if any).	9. Business dea.s with:	
Name I.U.P.A.T. Jo	pint Apprentice Training Fund	x a. Labor Organization	
Trade Name, if any:		b. Trust	
P.O. Box, Bldg., Room No.	, if any	b. Hust	
Street 1750 New York	Avenue, N.W	c. Employer	
City			
State	ZIP Code + 4		
10. If 9.b. or 9.c. is checked g	give trust or employer's name.	11.a. Nature of such dealing.	
Name		Affiliated organization - industry training	fund.
Trade Name, if any:			
P.O. Box, Bldg., Room No.,	if any		
Street			
City			
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$0
		12.a. Nature of interest held or income received.	
		Meals - JATF trustee meeting.	
<u>i,</u>		12.b. Amount.	\$195

Frage

Name of Person Filing	Sarantis	Vagelatos

File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, it	any). 9. Business deals with:
Name I.U.P.A.T. Joint Apprentice Training Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1750 New York Avenue, N.W. City Washington State District of Columbia ZIP Code + 4 2 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	a. Labor Organization b. Trust c. Employer
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received. Dinner - Promote JATF programs to Eastern Region representatives.
	12.b. Amount. \$184